# RECEIVED

## STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)



Type or Print all Information Clearly:
Name: JONNA JONCY Work Phone No. 271-3207
Work Address: 107 N MAIN St. RM 120,5H Concord
Office/Appointment/Employment held:
List the full name, post office address, occupation, and principal place of business, if any, of the source of any reportable honorarium or expense reimbursement. When the source is a corporation or other entity, the name and work address of the person representing the corporation or entity in making the honorarium or expense reimbursement must be provided in addition to the name of the corporation or entity.
Source of Honorarium or Expense Reimbursement:
Name of source:  First Middle Last
Post Office Address: 1225 EYE St. NW Svite 1250, WasHing TOW, S.
Occupation: Event COORDINATOR
Principal Place of Business: WASHING toN, OC
If source is a Corporation or other Entity:
Name of Corporation or Entity:
Name of Corporate/Entity Representative:  A/EXAIVDRA CHAPMAN/
Work Address of Representative: Am-C
Food and/or beverages consumed pursuant to RSA 15-B:6, II with value over \$25.00
Value of Honorarium: Date Received: \( \frac{\frac{8}{24} + \frac{75}{17} \) If exact value is unknown, provide an estimate of the value of the gift or honorarium and identify the value as an estimate. \( \subseteq \text{Exact} \subseteq \text{Estimate}
Value of Expense Reimbursement: 322 Date Received: A copy of the agenda or an equivalent document must be attached to this filing. \( \nabla \) Exact \( \sigma \) Estimate
Briefly describe the service or event this Honorarium or Expense Reimbursement relates to:
"I have read RSA 15-B and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief."  Signature of Filer  Date Filed

9/07

RSA 15-B:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false report shall be guilty of a misdemeanor.

Return to: Secretary of State's Office, State House Room 204, Concord, NH 03301

### Taylor, Marlene

From:

Michaela Gaughan < Gaughan@dlcc.org>

Sent: To: Friday, July 28, 2017 4:37 PM donna.soucy@leg.state.nh

Cc:

Taylor, Marlene

Subject:

DLCC 2017 Portland Policy Conference Confirmation

#### Hello Deputy Leader Soucy,

Thank you for registering for the DLCC Policy Conference in Portland, Maine, Aug. 24-25. You will find your hotel confirmation number and check-in and check-out dates below. Please let me know right away if you need any changes made to your reservation.

### **Hotel Confirmation**

Name: Donna Soucy

Confirmation Number: 264682 Check-in: (603) 867-4460 Check-out: Thursday, August 24 Guest(s): Friday, August 25

#### **Hotel Information**

The Westin Harborview Portland 157 High Street Portland, Maine 04101 (207) 775-5411

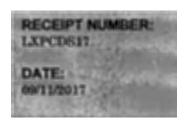
#### **Meeting Agenda**

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Thursday, August 24			
1:30-5 p.m.	Registration		
2:30-3:30 p.m.	Political Briefing (open to legislators only)		
3:30-4:30 p.m.	Policy Sessions		
5:30-8:30 p.m.	Bowling & Dinner at Bayside Bowl		
9 p.m.	Late Night		
Friday, August 25			
7:30 a.m12 p.m.	Registration		
8 a.m.	Breakfast		
9 a.m-12 p.m.	Policy Sessions		
12-1:30 p.m.	Political Update Lunch		
1:30-3 p.m.	One-on-One Meetings (open to legislators and Majority Council+)		
3-4:30 p.m.	Happy Hour (optional)		

Please note that all events will take place at The Westin Harborview Portland unless otherwise indicated. Guests are welcome to attend the evening social events on Thursday and the happy hour reception on Friday.

You will receive a final detailed agenda and briefing materials, including information about any one-on-one meetings, on August 17. We look forward to seeing you in Portland!







DESCRIPTION	AMOUNT
DLCC Portland Policy Conference - Hotel, Thursday Night - Activity, Food and Beverage	\$294.51 \$227.57
TOTAL	\$522,08

If you have any questions, please contact the DLCC Operations Office at (202) 449-6740 or by e-mail: warner@dlcc.org

DLCC is able to accept corporate, treasury, PAC and individual contributions. Contributions will be used at DLCC's sole discretion to exclusively support its nonfederal programs and activities.

Contributions or gifts to DLCC are not tax deductible. Tax ID number: 52-1870839